

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	ANTIBODY VACCINE CONJUGATES AND USES THEREFOR
Attorney Docket Number::	MXI-301
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	15
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Tibor
Family Name::	Keler
City of Residence::	Ottsville
State or Province of Residence::	PA
Country of Residence::	US
Street of mailing address::	30 Park Road
City of mailing address::	Ottsville
State or Province of mailing address::	PA
Postal or Zip Code of mailing address::	18942

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Family Name:: Endres  
City of Residence:: Riegelsville  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 24 Delaware Road  
P.O. Box 511  
City of mailing address:: Riegelsville  
State or Province of mailing address:: PA  
Postal or Zip Code of mailing address:: 18077-0511

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: China  
Status:: Full Capacity  
Given Name:: Lizhen  
Family Name:: He  
City of Residence:: Allentown  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 1675 Ridgeview Drive  
City of mailing address:: Allentown  
State or Province of mailing address:: PA  
Postal or Zip Code of mailing address:: 18104

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Venky

Family Name:: Ramakrishna  
City of Residence:: Riegelsville  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 915 Sherers Hill Rd.  
City of mailing address:: Riegelsville  
State or Province of mailing address:: PA  
Postal or Zip Code of mailing address:: 18077-9565

### **Correspondence Information**

Correspondence Customer Number:: 00959

### **Representative Information**

Representative Customer Number:: 00959

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/443979	01/31/03

### **Assignee Information**

Assignee name:: MEDAREX, INC.  
Street of mailing address:: 707 State Road  
City of mailing address:: Princeton  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08540